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Urban District of Caerphilly.



PUBLIC HEALTH DEPARTMENT.

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# ANNUAL REPORT

## 1937.

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W. R. NASH, M.R.C.S., L.R.C.P., D.P.H.,  
*Medical Officer of Health.*

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*Printed by Order of the Sanitary Authority.*

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*Owen Jones Printer and Stationer. Caerphilly.*



# Urban District of Caerphilly.



PUBLIC HEALTH DEPARTMENT.

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## ANNUAL REPORT 1937.

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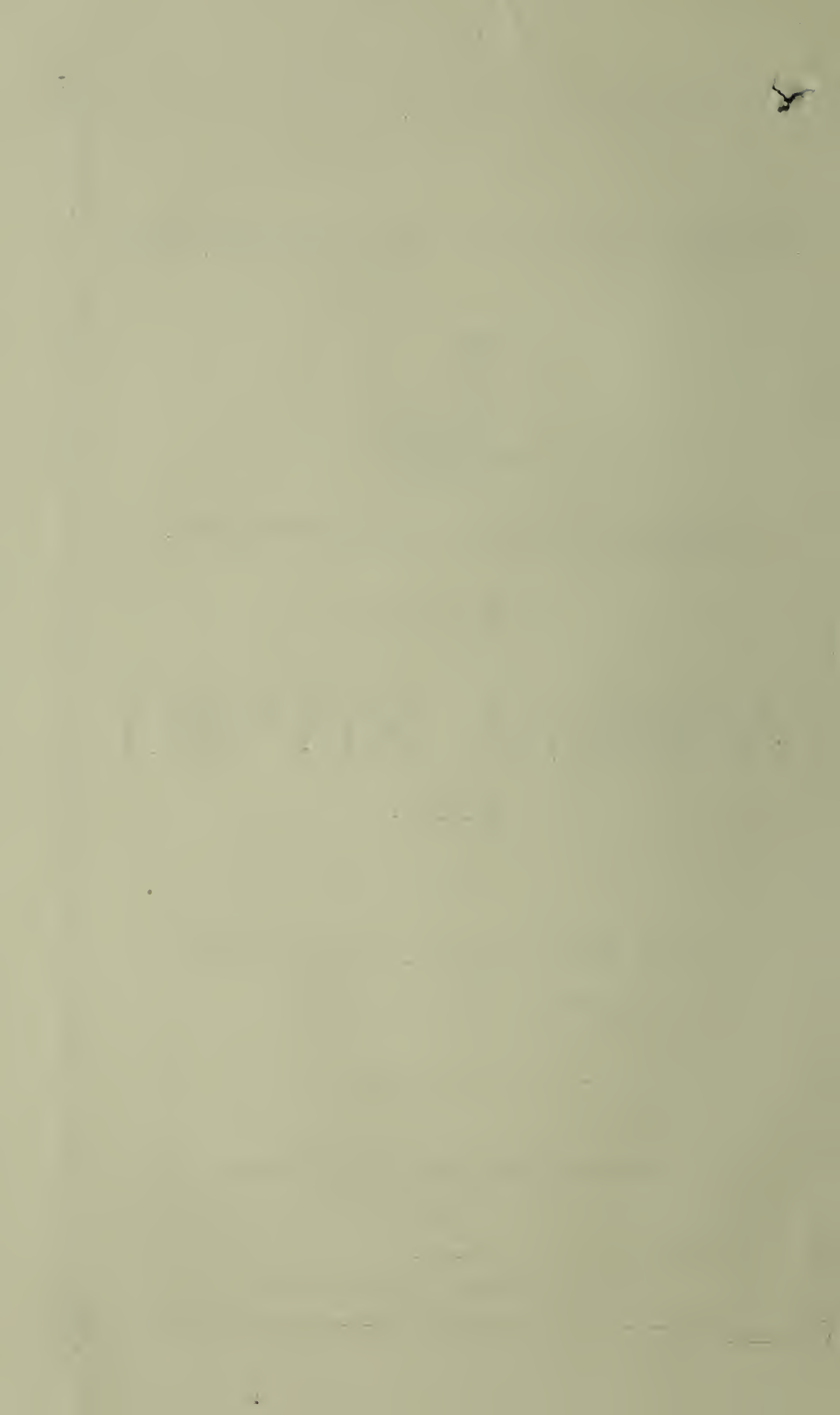
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*Medical Officer of Health.*

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„	D. R. Carlick
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„	E. Lewis

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Mrs. Wilmot, Mrs. G. Jones, Mrs. Povey, Mrs. T. Jones.

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Councillor (Mrs.) I. Harris

### *Members—*

Councillor D. P. Thomas

„ W. D. Davies

„ T. J. Coggins

„ Edwin Lewis

„ Edgar Morgan

„ T. Edwards

„ G. Smith

## PUBLIC HEALTH STAFF.

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MEDICAL OFFICER OF HEALTH :

W. R. NASH, M.R.C.S., L.R.C.P., D.P.H.

CONSULTANT MEDICAL STAFF FOR MATERNITY & CHILD WELFARE :

Obstetrics - Professor GILBERT D. STRACHAN

Paediatrics - A. G. WATKINS, M.D., M.R.C.P.

Orthopaedic - A. O. PARKER, M.D., C.M.

MEDICAL OFFICER TO GYNAECOLOGICAL CLINIC :

SYBIL MORGAN, B.Sc., M.R.C.S., L.R.C.P.

SANITARY INSPECTORS :

A.B. W. LLOYD JONES

A.B. W. R. LIDDINGTON

INSPECTOR OF PETROLEUM AND EXPLOSIVES :

A.B. W. LLOYD JONES

HEALTH VISITORS :

C.E. E. DIXON

A C.E.F. C. THOMAS

C.E. E. JAMES

MATRON, ISOLATION HOSPITAL :

C.D.E. K. OWENS

CLERK : R. JAMES

- A. Sanitary Inspector's Certificate
- B. Meat and Food Inspector's Certificate
- C. State Registered Nurse
- D. State Registered Fever Nurse
- E. Certificate of Central Midwives' Board
- F. Health Visitor's Certificate



# Caerphilly Urban District Council.

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## Annual Report of Medical Officer of Health.

*Public Health Department,  
Council Offices,  
Caerphilly.*

*To the Chairman and Members of the  
Caerphilly Urban District Council.*

MRS. HARRIS AND GENTLEMEN,

I herewith beg to submit my Report on the Health of your district for the year 1937, in accordance with the instructions of the Ministry of Health.

There have been no changes in staff during the year under review.

I must again express my thanks to Mr. Lloyd Jones, the Senior Sanitary Inspector, for his assistance in the compilation of this Report.

Further acknowledgments are also due to the whole public health staff for their co-operation.

I am,

Mrs. Harris and Gentlemen,

Your obedient Servant,

W. R. NASH,

*Medical Officer of Health.*

## Summary of General and Vital Statistics.

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Area (Land and Water)	.....	.....	12,931 Acres
Population (Census 1931)	.....	.....	35,760
Population Estimated mid 1937	.....	.....	32,560
Number of New Houses erected in 1937			11
Total Number of Inhabitated Houses	.....		7,599
Estimated Number of Persons per occupied House	.....	.....	4.5
Rateable Value	.....	.....	£108,893
Estimated product of 1d. Rate	.....		£363
Live Births	.....	.....	620
Birth Rate per 1,000	.....	.....	19.04
Deaths	.....	.....	446
Death Rate per 1,000	.....	.....	13.7
Excess of Births over Deaths—Males			101
		Females	73
Deaths under one year	.....	.....	43
Rate per 1,000 Live Births	.....	.....	69
Deaths of Women in Child Birth :—			
	<i>Number</i>	<i>Rate per 1,000 Live Births</i>	<i>Rate per 1,000 Total Births</i>
Puerperal Sepsis	..... 1	1.6	1.54
Other Puerperal causes	Nil	Nil	Nil
Comparability Factor	.....	1—21	

## Deaths from Various Causes

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	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cancer	17	29	46
Tuberculosis Respiratory System	9	13	22
Tuberculosis, other causes	2	3	5
Cerebro-Spinal Fever	0	1	1
Influenza	6	3	9
Diphtheria	1	0	1
Whooping Cough	2	1	3
Cirrhosis of Liver	2	0	2
Other Liver Diseases	2	0	2
Appendicitis	1	0	1
Diarrhœa, under 2 years	0	0	0
Peptic Ulcer	2	0	2
Other Digestive Diseases	5	4	9
Pneumonia, all forms	11	9	20
Bronchitis	12	7	19
Other Respiratory Diseases	2	2	4
Heart Disease	52	58	110
Cerebral Hæmorrhage, etc.	14	16	30
Aneurysm	1	0	1
Other Circulatory Diseases	5	1	6
Diabetes	1	3	4
Acute and Chronic Nephritis	7	5	12
Senility	20	23	43
Puerperal Diseases other than Sepsis	0	0	0
Congenital Debility, Premature Birth, etc	13	11	24
Suicide	1	1	2
Other Violence	21	5	26
Other Defined Diseases	13	14	27
Diseases ill-defined or not known	1	0	1

## Distribution of Estimated Population and Inhabited Houses.

<i>Ward</i>		<i>Estimated Population</i>		<i>Inhabited Houses</i>
Abertridwr	....	4691	....	1077
Senghenydd	..	4755	....	1102
Nelson	...	3101	....	710
Ystrad Mynach	....	4939	....	1170
Caerphilly North	....	4685	....	1106
Caerphilly South	....	4750	....	1133
Trecenydd	....	2557	....	584
Taffs Well	....	3082	....	677
		32560	....	7759

### Births.

The number of Births registered during 1937, and allocated to Caerphilly, subdivided according to sex and legitimacy, are shown in the following Tables :—

#### BIRTHS.

		Legitimates	Illegitimates	Total
Males....	....	320	12	332
Females	....	279	9	288
Total	....	599	21	620

#### STILL-BIRTHS.

		Legitimates	Illegitimates	Total
Males	....	13	3	16
Females	....	14	—	14
Total	....	27	3	30

IV. **Comparative Table, for Birth Rate, Infant Mortality Rate, and Death Rate for the past 10 Years.**

		<i>Birth Rate</i>		<i>Infant Mortality</i>		<i>Death Rate</i>
1926	---	23.6	---	96	---	10.1
1927	---	20.7	---	120.7	---	11.3
1928	---	21.24	---	98.4	---	10.7
1929	---	17.87	---	72.5	---	10.4
1930	---	17.1	---	73.9	---	10.004
1931	---	21.8	---	84.5	---	12.2
1932	---	17.3	---	90.4	---	12.04
1933	---	19.45	---	85.16	---	13.40
1934	---	20.5	---	61.79	---	12.5
1935	---	19.5	---	77.7	---	12.6
1936	---	17.3	---	76.0	---	11.5
1937	---	19.04	---	69.0	---	13.7

**Vital Statistics.**

The estimation of the population in your area is made by the Registrar General, and in my opinion the estimate for mid 1937 is low. This accounts for the high death rate and somewhat high birth rate for 1937. A more correct estimate would be arrived at from the number of inhabited houses and the average number of occupiers which would shew your population to be somewhat in the region of 35,000. The large drift of population to other industrial areas which has been so marked in recent years has largely ceased. In fact with the development of the Treforest Trading Estate, and the opening of other factories, the tendency seems to be somewhat in the other direction.

The causes of death remain in their usual order. Tuberculosis and Cancer still claim their undiminished share of victims, whilst the number of deaths as a result of heart disease shows a suprisingly increased incidence. This, however, suggests a higher standard of health amongst the community, as the main age groups from which these heart disease cases are succumbing are between 55 and 70. The inference is that many people are escaping other diseases, and living until the circulatory mechanism fails. The death rate from diphtheria is the lowest on record and this will be referred to later.

## GENERAL PUBLIC HEALTH.

The social conditions of your area remain much the same. The chief industries are still those of mining and allied works. However the development of the Treforest Trading Estate, the opening of other factories in other parts of the district, the restarting of work at quarries, old collieries, etc., have all tended to reduce the extent of unemployment but not to largely improve the social conditions, owing to the low rate of wages which seems inevitable in most industrial undertakings in South Wales. It is thus impossible to say that increased prospects of work has exercised any beneficial influence of the health or physique of the working populations of the district.

During the year there were sharp epidemics of Measles and Whooping Cough, not confined or isolated to any particular ward. It is after illnesses of this sort that lack of finance in the home resulting in a low standard of nutrition, that the full effects of under feeding can be seen. Invariably it means months and months of additional nourishment supplied by this authority to bring the child back to a moderately healthy condition, whereas with sufficient nourishment before and during such illnesses there is usually a rapid recovery to perfect health.

### County Laboratory.

Facilities for the bacteriological and chemical work are still available at the County Laboratory at Cardiff. Diphtheria swabs for the whole area are examined at this Laboratory and numbered during 1937, 380. A larger number of virulence tests were performed during the year than ever before with a view to diminishing the period of maintenance of cases at the Isolation Hospital.

Water samples were taken whenever necessary and unfit supplies condemned.

There were 31 milk samples taken and submitted for examination. The cost of this service was £85.



### **Ambulance Facilities.**

Taking this as a whole, the ambulance facilities are far from sufficient. The Council possesses an ambulance exclusively for Infectious Disease, and two others are maintained by the Miners' Federation at Abertridwr and Llanbradach.

There is a definite need in this area of a street accident ambulance. The authority paid during the year 1937 £16 6s. 2d. for the hire of an ambulance to convey maternity cases to the Cardiff Royal Infirmary, £8 for the hire of an ambulance to convey street accidents to hospital. The provision of an ambulance for conveyance of all sick persons with the exception of cases of Infectious Disease should be at once considered by the Council. It could be stationed at or near the Garage and a relief Council Omnibus driver should be available to drive it when necessary. Part of the maintenance could be borne by fixing a scale of charges based on ability to pay.

### **Nursing in the Home.**

Each ward in this area has a nursing association supported by voluntary contributions and small weekly subscriptions and these associations employ a nurse who is available for all subscribers. There seems little doubt that these nurses are frequently tremendously overworked.

### **Treatment Centres and Clinics,**

The Welsh National Memorial Association have a clinic for the supervision of domiciliary treatment of Tuberculosis. Other work is undertaken at the Central Clinic at Pontypridd.

Treatment for Venereal Disease is carried out at the Central Clinic at Pontypridd under the Glamorgan County Council.

The Clinics and Centres under the Maternity and Child Welfare services will be mentioned under that heading.

## Hospitals —Public and Voluntary.

The Hospital facilities both public and voluntary in the Rhymney and Aber Valleys fall very short of the minimum required for an efficient service.

In connection with the proposed application for assistance to extend the existing Caerphilly Miners' Hospital I was asked by the Council to prepare a report on existing Hospital facilities and the needs of the district as a whole. The following is the report submitted by me to the Caerphilly Urban District Council.

### Report on the General Hospital Needs of the Caerphilly Urban District Council.

#### Part 1. EXISTING FACILITIES.

The existing facilities for the treatment of the population of the Caerphilly Urban District Council are as follows .—

##### (A). CAERPHILLY MINERS' HOSPITAL.

Hitherto the work of this Hospital has been more or less confined to subscribers associated with the mining industry over an area with an approximate population of 80,900. There are 83 beds permanently occupied and those are exclusively used for accident, surgical and gynaecological cases. I am officially informed that 60 beds are in continuous use by residents of the urban area of Caerphilly.

The out-patients' department is largely concerned with the treatment of cases referred by the Glamorgan Education Committee and with appointments made for subscribers with the visiting consultants.

The casualty department has not been developed on any scale commensurate with the needs of the district.

##### (B). CARDIFF ROYAL INFIRMARY.

Medical, surgical and gynaecological beds are available for subscribers and nominees of subscribers at this, the largest voluntary hospital in Wales. However the hospital covers such a wide area, and caters for such a huge population, that beds are not available except after a long period of waiting. This does not apply to cases of acute emergency.



Cases of complicated pregnancy or labour are sent to the Maternity Department by arrangement with the Maternity and Child Welfare Department of the Caerphilly Urban District Council.

The out-patient department is comprehensive and can supply all the modern aids to diagnosis and the latest form of treatment to all and every pathological condition. It may be regarded as a diagnostic centre, but the area and population catered for again give rise to congestion and long periods of waiting. However with larger premises the main out-patients' needs could be adequately and efficiently dealt with.

The casualty department at this hospital could meet the needs of this district but for one factor and that is the distance between the hospital and the centres of industrial activity in the area.

#### (c). LLWYNYPPIA HOSPITAL.

This is a municipal hospital controlled by the Glamorgan County Council which admits patients who pay according to their needs. There are 182 beds for medical, surgical, gynaecological and midwifery cases. From the whole of the Caerphilly area there were only 39 cases admitted during 1937. The geographical position makes it essentially a Rhondda Hospital and it is no doubt largely fed by the Rhondda population.

There is no doubt that considerable difficulties exist from a point of view of access for Caerphilly people. This coupled with the fact that there is a definite tradition associated with the Royal Infirmary, Cardiff, and the Caerphilly Miners' Hospital, and also the old association of Poor Law makes it little used by the people of this area. It is thus not a valuable hospital facility as far as this area is concerned.

It is obvious that no out-patient or casualty facilities in this hospital can be of much use to the population of this area.

#### (d). CENTRAL HOMES, PONTYPRIDD.

Another municipal hospital controlled by the Glamorgan County Council. The number of beds for medical, surgical and obstetric cases varies with the demand, but may be placed between 160 and 200. This does not include beds for senility, chronic invalidism, etc. The number of cases admitted from the Caerphilly area in 1937 was 95, but this again is not an important factor in meeting the needs of Caerphilly for similar reasons to those given in references to Llwynypia.

## (E). CHURCH VILLAGE.

This cannot be taken into account in assessing present facilities as it is obviously at the moment an unknown factor.

**Part 2.—GENERAL HOSPITAL REQUIREMENTS OF THE DISTRICT.**

The terms of reference of this report deal only with the needs of the Caerphilly Urban area at the moment. However, I cannot see conditions varying to a great extent over a wider area and there should be no difficulty in getting our requirements into a scheme dealing with a much larger population.

It is well to remember that in all schemes dealing with hospital expansion that the demand follows the supply. If beds are available they will be used. As the people become more "hospital minded" they will feel that although certain types of illness can be nursed at home, better nursing facilities are available in hospital. Thus a policy of slow expansion would in the end produce a better result, as far as the district as a whole is concerned. Further it is most important to realise that any scheme for hospital planning and extension in the district will have to conform with any regional scheme which may be formulated in the future.

The detailed needs of the district as I see it would appear to be as follows :—

## (A). IN-PATIENTS.

I quote from a report of the special committee appointed by the Royal Institute of British Architects to prepare a report to the departmental committee on the cost of hospitals and other public buildings.

"That following information was elicited from the the Ministry of Health as to ratio of beds to population :—

- (i). the Commission on Voluntary Hospitals held that such Institutions to keep pace with the growth of population should maintain a ratio of 1.6 beds per 1000 population.
- (ii). it is estimated that the figure for Poor Law Institutions should be placed at 3 per 1000 equally divided between sick and chronic."

The 60 beds available for residents of the Caerphilly area, together with a probable 10 beds used annually by these residents at the Cardiff Royal Infirmary, gives a total of roughly 70 beds available for general hospital purposes. On the above basis the

number of beds available would thus appear to be ample assuming the population of Caerphilly to be 35,000. However, I consider there should be an additional 10 beds provided to be maintained by the Maternity and Child Welfare of local authority and this will be referred to later.

As far as (ii). is concerned this is entirely a matter for the County Council.

(b). OUT-PATIENTS' DEPARTMENT.

It is only possible to have a completely self contained unit in the largest of general hospitals. Medical Science to-day demands elaborate and costly methods for diagnosis and for treatment of a large percentage of cases seen in out-patients' departments, *e.g.* pathology laboratories, X Ray apparatus, etc., with the necessary pathologists, radiologists and other specialized experts at hand. I consider this area too small to be able to undertake such a comprehensive scheme as this.

(c). CASUALTY DEPARTMENT.

As stated before the Casualty Department of the Cardiff Royal Infirmary is too far from centres of industrial activity in this area, and I consider an active casualty department should be prepared for, with ultimately a Casualty Officer in charge. This department should be available for all casualties whether subscribers to any scheme or not.

(d). AMBULANCE SERVICE.

Any scheme which may be adopted for hospital expansion should provide for much better ambulance facilities than at present exist. There is no municipal ambulance for street accidents, and I consider the provision of such an ambulance to be worked conjointly with the conveyance of hospital cases, should be undertaken immediately.

(e). PUBLIC MORTUARY.

This has been discussed and it is hoped to incorporate this in the extension of existing accommodation.

### **Part 3. RECOMMENDATIONS.**

The Caerphilly Urban District Council in any desire to improve general hospital accommodation are extremely fortunate in having the Caerphilly Miners' Hospital in their area. I consider this hospital a most excellent medium for co-ordinating the general

medical services with the public health services ; and expansion of this institution with enlargement of its scope will benefit not only the Caerphilly area, but the larger area in which such a large proportion of the population have been so well served in the past.

If the other authorities in this larger area combine, it is a modest estimate to say that the requirements which follow, and which, by terms of reference, apply only to Caerphilly will be of necessity considerably increased.

#### (a). IN-PATIENT BEDS.

There would not appear to be any urgent need for additional beds for in-patients for general hospital purposes in the Caerphilly Miners' Hospital. However there is an urgent need in the district for 6 or 7 beds for cases showing complications during pregnancy and at least 6 cots for children requiring nursing and treatment during the early weeks of life. This latter will be an important factor in reducing the neo-natal death rate which is causing concern. As these beds if used on the authority of the Maternity and Child Welfare Committee of this Council will be paid for by this authority in addition to any rate in aid, the maintenance of these additional beds is assured.

It will be noted that I do not recommend severing the Council's connection with the Maternity Department of the Cardiff Royal Infirmary and recommend that cases of difficult and complicated labour be still sent there.

These beds should be under the supervision of the Medical Officer of Health directed by the obstetric consultant to the Committee, Professor Strachan, and the Paediatric consultant, Dr. A. G. Watkins.

It should be possible to obtain co-ordination between the Caerphilly Miners' Hospital and the County Council's hospitals at Llwynypia and Church Village, so that the available beds may be used there for suitable cases ; there should also be co-ordination with the Cardiff Royal Infirmary, so that cases demanding treatment beyond the resources of the hospital could be sent there.

#### (b). OUT-PATIENTS' DEPARTMENT.

For reasons previously stated it will be impossible to enlarge the existing out-patients facilities so that it is completely self-contained. The ideal arrangement would be co-ordination with the out-patients department of the Cardiff Royal Infirmary. When



expansion takes place there it should be possible for out-patients to be seen at Cardiff Royal Infirmary by the same consultants who will deal with the cases as in-patients at the Caerphilly Miners' Hospital. Moreover, the advantages of the pathological and other resources so essential in modern diagnosis would be readily available. This might involve slight financial adjustments such as a small proportion of subscription to be allotted to cover these services, but it would represent the best services obtainable.

However I regard the out-patients department of the Caerphilly Miners' Hospital as the best means of obtaining co-ordination between the general medical services and the public health services of the local authority.

In view of this extension of the existing premises is most important with the following activities in view :—

- (i). Continuance of the connection with the work of the Education Committee of the Glamorgan County Council.
- (ii). Inevitable extension of the work of the massage and electrical departments, not only in connection with the general medical services, but in connection with any scheme for light therapy which the Council may adopt.
- (iii). Provision of accommodation for the holding of three Caerphilly Ante-Natal Clinics. This I consider most desirable, as X Ray facilities, etc. are becoming as essential as proper hospital conditions are for the carrying out of this work.
- (iv). Provision for carrying out the prophylactic measures of public health such as immunization against diphtheria and the treatment of large portions of the population in times of national or local disaster.

It should be noted that many of these activities will mean additional payments from the local authorities and thus maintenance is largely assured

#### (c). CASUALTY DEPARTMENT.

Extensions of the Caerphilly Miners' Hospital should provide for the nucleus of a casualty department, capable of expanding as occasion arises. The ideal would be the appointment of a casualty officer, but this would perhaps be too far advanced at the moment. However, there are many casualties occurring which could be dealt

with by an efficient casualty sister while waiting for treatment later by a doctor. The alternatives at the moment appear to be efficient but crude first aid, waiting at the doctor's surgery, or, in many cases, travelling to the casualty department of the Cardiff Royal Infirmary.

Treatment at such a casualty department should not be exclusively confined to subscribers to the hospital.

(d). AMBULANCE SERVICE.

Efforts should be made to obtain a grant for the purchase of an ambulance to be stationed at the Caerphilly Miners' Hospital. This ambulance should be available for conveyance of all cases to the hospital, for street accidents, and any other work of the local authorities of a non-infectious nature. Whether the authority would bear a share of its maintenance or pay for work as it is done is a matter for mutual arrangement.

(e). MORTUARY.

The expansion of the Caerphilly Miners' Hospital provides for an enlarged mortuary, and I recommend when this is done it shall become the public mortuary for the area, subject to agreement on questions of administration.

## **Part 4. CONCLUSIONS.**

It will be seen that, in my opinion, the enlarged Miners' Hospital should be the co-ordinating unit for all medical services rather than a self-contained unit. In the memorandum of the Oxford and District Joint Hospital Board, recently issued, this was represented diagrammatically, and I have endeavoured to do this to illustrate the position in Caerphilly. It will be found attached to this report.

I believe that such a scheme would function in the best interests of all people domiciled in the Caerphilly area. There is little doubt that with the rapid specialization of medical science, the co-ordination of all, for the benefit of all, will, in the not too distant future, become an accomplished fact. Financial adjustments are inevitable, and I believe that joint contributory schemes will be the only means of solving the question of providing the finest general, consultant and hospital services for rich and poor alike. In the meantime, whatever small sacrifices are entailed in obtaining co-ordination should be faced boldly.

In my opinion, the benefits of such a scheme to the community at large would be so great that I have no hesitation in recommending the Caerphilly Urban District Council to sympathetically consider a rate in aid. if the proposed expansion of the Miners' Hospital covers the main points outlined in this report.

W. R. NASH,

*Medical Officer of Health:*

*Council Offices,*

*Caerphilly.*

*12th May, 1938.*

## Maternity and Child Welfare.

The scope of Maternity and Child Welfare work was somewhat extended during the year 1937. The increasing attendances at Ante-Natal Clinics made it essential to increase the number of clinics at Senghenydd, Abertridwr and Llanbradach to two sessions monthly. New Ante-Natal Clinics were inaugurated in the Caerphilly North Ward where there are two sessions monthly and in the Trecenydd Ward where there is one session monthly.

All Ante-Natal Clinics have been surprisingly well attended. Throughout the area there were 620 Births during the year, and 499 expectant mothers attended your Ante-Natal Clinics. Thus 80% of expectant are attending your Ante-Natal Clinics. and in this branch of the work your staff are working to capacity.

The Maternal Mortality rate during the past 8 years in your area is as follows :—

<i>Year</i>		<i>Maternal Death Rate per 1000 Births</i>
1930	....	2.8
1931	....	2.6
1932	....	11.1
1933	....	10.3
1934	....	8.4
1935	....	8.9
1936	....	3.2
1937	....	<b>1.6</b>

**Maternal Mortality Rate for England and Wales, 1937 — 3.1**

It will be seen from the above table that there is a very definite reduction in the maternal mortality rate. Owing to the numbers which are dealt with being so small, too much stress must not be laid on the actual maternal mortality rate, but it does seem that the Ante-Natal, Hospital and other services which are available for expectant mothers is having a striking effect in diminishing the risks of motherhood. That this is



being realized is reflected in the steadily increasing and satisfactory attendances at your Ante-Natal Clinics.

Excellent results have been obtained from the supply of special foods from the Joint Council of Midwifery. Through this it has been possible to supplement and adjust the diets of expectant mothers irrespective of income, and it is pleasing to note that this government aided scheme is to be continued for a further 12 months. The Council continue to supply fresh milk in cases of economic necessity.

The following table shows the amount spent on additional nourishment for expectant and nursing mothers and children up to 5 years of age :—

		1934	1935	1936	1937
Fresh Milk	....	£720	£696	£883	£546
Dried Foods	...	£687	£725	£702	£874
Total	...	<b>£1,407</b>	<b>£1,421</b>	<b>£1,515</b>	<b>£1,420</b>

The granting of additional nourishment is made on economic grounds only for infants up to one year. After this additional nourishment is granted on medical and economic grounds.

During the year 6 cases were referred from the Infant Welfare Clinics to Dr. A. G. Watkins at a cost of £15. This service has proved of great value and has probably been the means of saving several children.

Certain medicaments were supplied at your clinics at a cost of £32. These were all of a simple nature but proved invaluable in treating certain mild conditions.

## Child Life Protection.

There were no admissions to the register during 1937, no removals during 1937.

Three children on the register during 1937 :—

PETER SHELL, 8 years, c/o Mr. and Mrs. Felix, Fernleigh Bungalow, Graigwen

WM. DENNIS GRUNDY, 4 years, c/o Mr. and Mrs. Warner, 3, Graig Terrace, Senghenydd.

HADYN COLIN WISE, 2 years, c/o Mrs. Buther, 59, Coedybrain Road, Llanbradach.

Unceasing vigilance is kept by the Health Visitors, who are the Infant Life Protection Visitors, for all strange children under 9 years of age coming into the area, to ensure that all foster children are under supervision. Periodically the Act is advertised in the press, and by posters displayed on the district.

The large number of children dying within the early weeks of life will be referred to later, but it must be pointed out here that the greatest factor in causing so many young babies to die is a low standard of nutrition in the expectant mother. It is not only on grounds of weight and plumpness that this question of maternal diet must be considered. There are essential factors in the diet of expectant mothers which can only be supplied through fresh milk, and a pint of milk a day is not sufficient to obtain and preserve the highest nutritional state of the mother and the coming baby. The optimum is two pints per day, but this would seem unobtainable at the moment. I am of opinion that economic conditions should weigh far less in the granting of additional milk to expectant mothers. I recommend that the income scale be broadened so as to allow every expectant mother who has an income of less than £3 10s. 0d. per week to receive a pint of milk a day irrespective of rent or numbers of family. Even if this means the diminishing the amount of fresh

milk given to children in the age group 3 to 5, although this would be only done if it were impossible otherwise, I am sure that in the very near future there would be a drop in the Neo-Natal death rate and consequently in the Infantile Mortality Rate as a whole.

### **Specialist and Hospital Service**

There were 22 cases which shewed exceptional difficulty referred to Professor Strachan at a cost of £73 and 34 cases of complicated pregnancy and complicated and difficult labour were admitted to Cardiff Royal Infirmary at a cost of £340. The provision of ambulances to convey these patients cost £16 as against £29 for the year 1936.

### **Midwives Act, 1936.**

The above Act came into operation on the 1st August, 1937, and from that date this authority ceased to have any responsibility for the provision of Midwives. I would like to acknowledge the excellent co-operation which has been made by the County Midwives since their appointments. Their attendance at the Ante-Natal Clinics, and their willingness to help in any way has contributed in no small measure to the success of our Ante-Natal Clinics.

### **Home Helps.**

At the end of the year a Home Help Scheme was inaugurated. A few cases were supplied with Home Helps before the end of the year, and there is every indication that the service will meet a distinct need. The Home Helps are under the direction of the Medical Officer of Health through the Health Visitors who tabulate duties, arrange hours of attendance and report before, on the necessity of a Home Help in each particular case and on the general working of each Home Help, after the completion of 14 days.

The following is a report submitted by the Inspector for the National Society for the Prevention of Cruelty to Children with reference to the work of his Society in the Caerphilly area :—

“ I beg to submit the following information on the work of the Society in the Caerphilly area :—

<i>Cases of—</i>	<i>Neglect</i>	<i>Illtreatment</i>	<i>Advice sought</i>	<i>Other wrongs</i>
	34	5	4	1
TOTAL ...	44			

Total number of Children involved in the above cases	145
Total number of Supervision Visits ...	93
Total number of Miscellaneous Visits ...	64

It was found that the warning given by the Society to those having the care, etc. of the children concerned was heeded, and an immediate improvement was brought about in the condition of the children and the homes wherein they resided. Therefore, Police Court proceedings were not necessary, as the Society had attained its object by the warning, and those receiving these warnings were given to understand the consequences should the warning be ignored.

W. R. JONES,

*Inspector for Hon. Sec."*

### Orthopaedic Treatment.

Arrangements for orthopaedic treatment continue to be made with the Glamorgan County Council. There were 29 new cases seen during the year and 120 revisits of old cases also made to the orthopaedic clinic. Children requiring hospital treatment are admitted to the Prince of Wales Hospital, Cardiff. Orthopaedic appliances are provided free in cases of economic necessity, a special income scale being applicable.

### Gynaecological Clinic.

During the year there were 11 sessions at which 41 new cases were seen and there were 101 re-visits.

The work has been somewhat extended, and Dr. Sybil Morgan, the Medical Officer in charge now treats certain post-natal conditions.

The Infant Mortality rate shows a welcome drop, from 76.0 to 69.0 per 1,000 Live Births, but again it will be seen that the largest number of infant deaths occurs during the first four weeks of life. There were 28 infant deaths during the first month of life representing 65% of the total number of infant deaths. One cannot but attribute a large proportion of this to nutritional defects in the mother during the expectant period.

The attendances at all clinics continue to be satisfactory, though it is a matter for some regret that owing to the number of clinics there must be some clashing of dates, and it is impossible to have medical attendance at every session. The new Infant Welfare Clinic in the North Ward has proved a great success.

The detailed statistics of the clinics in each Ward is as follows :—



## ABERTRIDWR WARD.

Total attendances at Ante-Natal Clinics	....	239
Average   ,,       ,,       ,,       ,,       ,,	....	21.72
Total attendances at Infant Welfare Clinics		1,189
Average   ,,       ,,       ,,       ,,       ,,		49.54
Number of Infant Deaths under 1 year	....	7
Number of Infant Deaths attended Clinic	....	5
Number of Neo-Natal Deaths	....	5
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	4
Number of Still-Births	....	7
Number of Still-Births where Mother attended Ante-Natal Clinic	....	Nil
Percentage of Children Breast Fed	... ..	62%
Percentage of Children Breast Fed and Artificially Fed		9%
Percentage of Children Artificially Fed	... ..	29%

## SENGHENYDD WARD.

Total attendances at Ante-Natal Clinics	... ..	259
Average   ,,       ,,       ,,       ,,       ,,	....	23.54
Total attendances at Infant Welfare Clinics		1,457
Average   ,,       ,,       ,,       ,,       ,,		60.70
Number of Infant Deaths under 1 year	....	9
Number of Infant Deaths attended Clinic	....	8
Number of Neo-Natal Deaths	....	3
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	...	3
Number of Still-Births	....	9
Number of Still-Births where Mother attended Ante-Natal Clinic	....	Nil
Percentage of Children Breast Fed	... ..	64%
Percentage of Children Breast Fed and Artificially Fed		10%
Percentage of Children Artificially Fed	... ..	26%

## TAFFS WELL WARD.

Total attendances at Ante-Natal Clinics	....	80
Average   ,,       ,,       ,,       ,,       ,,	....	6.69
Total attendances at Infant Welfare Clinics		356
Average   ,,       ,,       ,,       ,,       ,,		29.67
Number of Infant Deaths under 1 year	....	2
Number of Infant Deaths attended Clinic	....	1
Number of Neo-Natal Deaths	....	2
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	2
Number of Still-Births	....	Nil
Number of Still-Births where Mother attended Ante-Natal Clinic	....	6
Percentage of Children Breast Fed	... ..	80%
Percentage of Children Breast Fed and Artificially Fed		11%
Percentage of Children Artificially Fed	... ..	9%

## TRECENYDD WARD.

Total attendances at Ante-Natal Clinics	....	84
Average   ,,       ,,       ,,       ,,       ,,	...	7
Total attendances at Infant Welfare Clinics		382
Average   ,,       ,,       ,,       ,,       ,,		31.83
Number of Infant Deaths under 1 year	....	Nil
Number of Infant Deaths attended Clinic	....	Nil
Number of Neo-Natal Deaths	....	2
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	Nil
Number of Still-Births	....	6
Number of Still-Births where Mother attended Ante-Natal Clinic	....	5
Percentage of Children Breast Fed	... ..	69%
Percentage of Children Breast Fed and Artificially Fed		13%
Percentage of Children Artificially Fed	... ..	18%

## CAERPHILLY SOUTH WARD.

Total attendances at Ante-Natal Clinics	....	113
Average   ,,       ,,       ,,       ,,       ,,	....	9.42
Total attendances at Infant Welfare Clinics		879
Average   ,,       ,,       ,,       ,,       ,,		73.25
Number of Infant Deaths under 1 year	....	3
Number of Infant Deaths attended Clinic	....	1
Number of Neo-Natal Deaths	....	4
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	1
Number of Still-Births	....	7
Number of Still-Births where Mother attended Ante-Natal Clinic	....	2
Percentage of Children Breast Fed	... ..	78%
Percentage of Children Breast Fed and Artificially Fed		9%
Percentage of Children Artificially Fed	... ..	13%

## CAERPHILLY NORTH WARD.

Total attendances at Ante-Natal Clinics	... ..	56
Average   ,,       ,,       ,,       ,,       ,,	....	14.0
Total attendances at Infant Welfare Clinics		167
Average   ,,       ,,       ,,       ,,       ,,		41.75
Number of Infant Deaths under 1 year	....	1
Number of Infant Deaths attended Clinic	....	Nil
Number of Neo-Natal Deaths	....	4
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	...	2
Number of Still-Births	....	2
Number of Still-Births where Mother attended Ante-Natal Clinic	....	1
Percentage of Children Breast Fed	... ..	78%
Percentage of Children Breast Fed and Artificially Fed		3%
Percentage of Children Artificially Fed	... ..	19%



## NELSON WARD.

Total attendances at Ante-Natal Clinics	....	84
Average   ,,       ,,       ,,       ,,       ,,	....	7
Total attendances at Infant Welfare Clinics		338
Average   ,,       ,,       ,,       ,,       ,,		28.17
Number of Infant Deaths under 1 year	....	1
Number of Infant Deaths attended Clinic	....	1
Number of Neo-Natal Deaths	....	1
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	Nil
Number of Still-Births	....	5
Number of Still-Births where Mother attended Ante-Natal Clinic	....	3
Percentage of Children Breast Fed	... ..	71%
Percentage of Children Breast Fed and Artificially Fed		2%
Percentage of Children Artificially Fed	... ..	27%

## LLANBRADACH WARD.

Total attendances at Ante-Natal Clinics	....	183
Average   ,,       ,,       ,,       ,,       ,,	...	15.25
Total attendances at Infant Welfare Clinics		1055
Average   ,,       ,,       ,,       ,,       ,,		87.91
Number of Infant Deaths under 1 year	....	1
Number of Infant Deaths attended Clinic	....	Nil
Number of Neo-Natal Deaths	....	3
Number of Neo-Natal Deaths where Mother attended Ante-Natal Clinic	....	Nil
Number of Still-Births	....	1
Number of Still-Births where Mother attended Ante-Natal Clinic	....	Nil
Percentage of Children Breast Fed	... ..	65%
Percentage of Children Breast Fed and Artificially Fed		7%
Percentage of Children Artificially Fed	... ..	28%

# Table of Infant Mortality Rates, 1937.

## GLAMORGAN (ADMINISTRATIVE COUNTY).

<i>District</i>	<i>Total No. of Births</i>	<i>Deaths under 1 year</i>	<i>Rate per Thousand Live Births</i>
Administrative			
County ..	10,942	714	65
Urban Districts ...	8,336	549	66
Rural Districts ...	2,606	165	63
England and Wales	—	—	58
<b>Urban Districts.</b>			
Aberdare ...	605	44	73
Barry ..	495	29	59
Bridgend ...	159	11	69
<b>Caerphilly</b> ...	<b>620</b>	<b>43</b>	<b>69</b>
Cowbridge Borough	13	1	77
Gelligaer ...	675	26	38
Glyncorrwg ...	196	13	66
Llchwyr ..	375	26	69
Maesteg ...	391	25	64
Mountain Ash ...	554	47	85
Neath Borough ..	470	27	57
Ogmore and Garw ..	368	35	95
Penarth ...	200	16	80
Pontypridd ...	637	44	69
Porthcawl ...	74	3	40
Port Talbot ..	698	38	54
Rhondda ...	1,806	121	67
<b>Rural Districts.</b>			
Cardiff ...	352	20	57
Cowbridge ...	159	10	63
Gower ..	141	7	50
Llantrisant & Llantwit			
Fardre ...	418	29	69
Neath ...	643	41	64
Penybont ...	435	28	64
Pontardawe ...	458	30	65

May 12th, 1938.

## GENERAL SANITATION.

### Water Supply.

Samples of water were taken from the following sources during the year :—

A spring supplying Cenydd, Graig, Phillips and Woodland Terraces, Senghenydd. Bacteriological and chemical analysis showed the water to be of doubtful wholesomeness.

As a result of these reports, and as a result of a detailed investigation of the gathering ground which was found to be positively dangerous, steps were taken to connect all the houses at these Terraces with the Rhymney Valley Water Board mains. This has now been done and the position is now quite satisfactory.

From a deep well at Graig Side, Nantgarw. This sample proved quite satisfactory.

Filtered and unfiltered samples from the Council's Swimming Pool. All samples proved satisfactory.

A sum of £20 was spent in supplying cottages at Tai Machine, Nelson, with a pipe supplied from a neighbouring spring. Previous analysis shows the water to be satisfactory from a point of view of wholesomeness, but I have to report that the supply seems inadequate.

The general supply of water to the district is satisfactory and is under bacteriological control by the Rhymney Valley Water Board.

### Drains and Sewage.

There is no change in the method of sewage disposal, and the analytical reports on the sewage effluent at the Nelson Sewage Works continues to be quite satisfactory.

The drainage is now quite satisfactory. Stanley Row, Llanbradach has now been connected to the trunk sewer, and the position here is now quite satisfactory.

The position remains the same at Oakfield and Victoria Streets, Llanbradach. The changing bed of the river, the low lying nature of the surrounding fields combine to make any method for dealing with the periodical flooding from storm water almost impossible of accomplishment.

### **River Pollution.**

There has been no evidence of further pollution and the existing pollution remains unchanged.

### **Cesspits and Closet Accommodation.**

During the year nine cesspits were cleaned and inasmuch as it is possible the position here is satisfactory.

There has been no conversion from conservancy systems into water carriage systems, but the number of conservancy systems remain negligible, and are confined to outlying farmhouses, outlying tenements and temporary dwellings. This work is done exclusively by contract.

### **Public Cleansing.**

Refuse collection and disposal is still done partly by direct labour and partly by contract. The position is still unsatisfactory. The type of vehicles used are too high and there is little doubt that the only satisfactory means of collecting refuse is by the low loader type of vehicle. This would result in more expeditious work, cleaner streets and easier handling from the point of view of the employees. There is no doubt, too, that with the low loader vehicle it would be possible to obtain more consistency in keeping the refuse covered.

## Sanitary Inspection of the Area.

The nature and the extent of the work done by your Sanitary Inspectors continues to be complete and comprehensive with the exception of detailed inspection of farms, dairies and other premises connected with the production and sale of milk. This will be referred to later, but the Sanitary Inspectors report the following inspections, investigations and visits in connection with the following :—

Inspections made under the Public Health Act	2990
Investigations and Visits in cases of Infections	
Diseases	819
Revisits to Unabated Nuisances	1221
Premises Disinfected	281

The following visits and inspections were made in connection with the following ;—

Water Supply	350
Drainage	640
Stables and Piggeries	129
Offensive Trades	13
Fried Fish Shops	50
Common Lodging Houses	12
Tents, Vans and Sheds	450
Factories	17
Workshops	400
Workplaces	11
Bakehouses	81
Public Conveniences	112
Places of Entertainment	40
Refuse Collection and Disposal	532
Rats and Mice Destruction	87
Schools	73
Shops	98
Miscellaneous Sanitary Visits	521

## **Common Lodging Houses.**

There is only one common lodging house. As will be seen 12 visits were paid during the year, and there is no cause for complaint with the only exception that proper bathing facilities are not yet available. Slipper baths should be installed as early as possible. It is satisfactory to note that the temporary shacks which were occupied in the grounds of this lodging house have now been vacated and will never be re-occupied.

## **Offensive Trades.**

There is only one offensive trade and that is a tannery situated at Bedwas Road, Caerphilly. One cause of complaint was discovered during the 13 visits paid to these premises during the year, and that was immediately remedied.

## **Shops.**

The Sanitary provisions of the Shops Act 1934 are being complied with and your Inspectors have no cause of complaint.

## **Smoke Abatement.**

There is no problem arising from Smoke in your area and it has not been necessary to take any action concerning smoke abatement.

## **Swimming Baths and Pools.**

During the year a swimming bath was opened by the Caerphilly Urban District Council in the Caerphilly Park. Efficient chlorination is obtained by a modern plant which was installed during the construction of the baths. The baths are opened during the summer



months and chemical and bacteriological analyses of the water are made monthly. The proportion of residual chlorine has proved to be quite satisfactory in each sample.

The private swimming pools are situated at Senghenydd, Taffs Well and Llanbradach. The management appears quite satisfactory, all water being continually changed. The source of supply at the Taffs Well Pool is from a thermal spring. At Senghenydd and Llanbradach, the water is frequently changed. Samples taken prove the condition of the water to be quite satisfactory. All public conveniences at these baths are efficient and satisfactorily maintained.

### **Eradication of Bed Bugs.**

All Council houses found to be infested are immediately disinfested, by spraying of Solution "D" (Summer) and the painters' blow lamp. The work is done by direct labour, but up to the present no supervision or education of tenants has been undertaken with a view of preventing infestation or re-infestation after cleansing. The number of houses disinfested during the year was 39. The greater portion of this work was carried out in houses which had been vacated and prior to the arrival of a new tenant. It has not been found possible to ensure that the belongings of tenants are free from vermin before removal to Council houses.

### **Schools.**

The Sanitary condition and water supply of all schools in the area are satisfactory. No schools were closed to prevent spread of infectious disease, and the chief action taken in this matter was the provision of facilities for active immunization against diphtheria.

## HOUSING.

The following is a detailed list of the work done by your Health Officers on Housing in your area.

Following this detailed list will be found a report issued by the Senior Inspector to the Health Committee.

### 1. Inspection of Dwelling-houses during the Year :—

(1) (A) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	1280
(B) Number of inspections made for the purpose ..	1561
(2) (A) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ... ..	nil
(B) Number of inspections made for the purpose ...	nil
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... ..	31
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	18

### 2. Remedy of Defects during the Year without service of formal Notices : —

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... ..	461
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### 3. Action under Statutory Powers during the Year :—

(A) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	105
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(2) Number of dwelling-houses which were rendered fit after service of formal notices :—

(A) By owners	102
(B) By Local Authority in default of owners	3

(B) Proceedings under the Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 356

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :

(A) By owners	355
(B) By Local Authority in default of owners	nil

(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made ... nil

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... nil

(d) Proceedings under section 12 of the Housing Act, 1936 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... nil

#### 4. Housing Act, 1936—Part IV.—Overcrowding :—

(A) (1) Number of dwellings overcrowded at the end of the year	100
(2) Number of families dwelling therein	100
(3) Number of persons dwelling therein	615

(B) Number of cases of overcrowding reported during the year ... nil

(c) (1) Number of cases of overcrowding relieved during the year	...	...	...	20
(2) Number of persons concerned in such cases...				110
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	...	...	nil

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## Housing Act, 1936—Overcrowding Survey

PUBLIC HEALTH DEPT.,  
COUNCIL OFFICES,  
CAERPHILLY.

25/6/37.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

MRS. HARRIS AND GENTLEMEN,

### **Housing Act, 1936. Report on the Overcrowding Survey.**

I beg to report on the recent survey made under the above Act. The following Enumerators were employed from 6th April to 22nd May, 1937 :—

Abertridwr Ward	—Mr. Cyril Thomas
Senghenydd Ward	—Mr. S. Rogers
Trecenydd Ward	—Mr. E. T. Thomas
Caerphilly North Ward	—Mr. E. Davies
Caerphilly South Ward	—Mr. I. Morris
Ystrad Mynach Ward	—Mr. H. Hughes
Nelson Ward	—Mr. P. Jones
Taffs Well Ward	—Mr. E. Pennal

The total number of houses surveyed were 6868, occupied by 7797 families.

Number of families in apartments	....	899
Number of vacant houses	....	116
Number of houses overcrowded	....	100
Percentage of overcrowding	....	1.4%

## ABERTRIDWR WARD.

Number of houses of the working classes	1065
Number of houses with 4 or more rooms	1065
Number of families in apartments	.... 115
Overcrowded 2 (4 in apartments)	.... 6
Vacant Houses	.... 35
Temporary Dwellings	.... 4
Percentage of overcrowding	... .55%

## SENGHENYDD WARD

Number of houses of the working classes	1080
Number of houses with 2 rooms	.... 2
Number of houses with 3 rooms	.... 16
Number of houses with 4 rooms or more....	1062
Number of families in apartments	.... 62
Overcrowded	.... 10
Vacant Houses	.... 40
Temporary Dwellings	.... 1
Percentage of Overcrowding	.... .92%

## TRECENYDD WARD.

Number of houses of the working classes	573
Number of houses with 1 room	.... 1
Number of houses with 2 rooms	... 5
Number of houses with 3 rooms	... 11
Number of houses with 4 or more rooms	556
Number of families living in apartments	114
Overcrowded 3 (in apartments 5)	.... 8
Vacant houses	.... 1
Temporary Dwellings	.... 20
Percentage of Overcrowding	.... 1.4%

## CAERPHILLY NORTH WARD.

Number of houses of the working classes	978
Number of houses with 2 rooms	.... 6
Number of houses with 3 rooms	.... 60
Number of houses with 4 or more rooms	912
Number of families in apartments	.... 155
Overcrowded 9 (2 in apartments)	.... 11
Vacant	.... 2
Temporary Dwellings	.... 57
Percentage of Overcrowding	... 1.1%

## CAERPHILLY SOUTH WARD.

Number of houses of the working classes	818
Number of houses with 2 rooms	.... 10
Number of houses with 3 rooms	.... 6
Number of houses with 4 or more rooms	802
Number of families in apartments	.... 139
Overcrowded 7 (3 in apartments)	.... 10
Vacant Houses	.... 7
Temporary Dwellings	.... 4
Percentage of Overcrowding	.... 1.2%

## YSTRAD MYNACH WARD.

Number of houses of the working classes	1117
Number of houses with 3 rooms	.... 8
Number of houses with 4 or more rooms	1109
Number of families in apartments	.... 181
Overcrowded 6 (in apartments 7)	.... 13
Vacant Houses	.... 26
Temporary Dwellings	.... 13
Percentage of Overcrowding	.... 1.1%

## NELSON WARD.

Number of houses of the working classes	638
Number of houses with 2 rooms	8
Number of houses with 3 rooms	20
Number of houses with 4 or more rooms	610
Number of families in apartments	81
Overcrowded 4 (6 in apartments)	10
Vacant Houses	Nil
Temporary Dwellings	3
Percentage of Overcrowding	1.5%

## TAFFS WELL WARD.

Number of houses of the working classes	629
Number of houses with 1 room	1
Number of houses with 2 rooms	19
Number of houses with 3 rooms	38
Number of houses with 4 or more rooms	571
Number of families in apartments	52
Overcrowded	5
Vacant	5
Temporary Dwellings	8
Percentage of Overcrowding	.79%

Overcrowded  
1936Overcrowded  
1937

Abertridwr	19	1.6 per cent.	6	.55 per cent.
Senghenydd	27	2.2 „ „	11	.92 „ „
Trecenydd	50	1.9 „ „	11	1.4 „ „
Caerphilly North	20	3.9 „ „	32	1.1 „ „
Caerphilly South	17	2.3 „ „	11	1.2 „ „
Ystrad Mynach	34	2.4 „ „	14	1.1 „ „
Nelson	9	1.14 „ „	10	1.5 „ „
Taffs Well	10	1.4 „ „	5	.79 „ „
Total	186	2.2 „ „	100	1.4 „ „

Yours faithfully,

W. LLOYD JONES,  
Sanitary Inspector.

## Tents, Vans and Sheds

The work of clearing up all Tents, Vans and Sheds was continued during the year. The Health Committee visited 17 temporary dwellings and 10 were vacated after notices were served. At the end of the year there were still 113 temporary dwellings to be dealt with, but of these 14 were under notice to demolish such dwellings. It is hoped that this work will go on and that by the end of next year this number will be at least halved. The difficulty has been to provide alternative accommodation for these people, who have children, at a rent which is within their resources. The time has almost arrived when the problem can be solved once and for all. The Council should earmark at least 20 of the new houses to be erected on the Grange Site for this purpose only, otherwise it will be a matter of a considerable number of years before these unhealthy structures cease to exist.

It will be seen from your chief Sanitary Inspector's Report that in these wards where temporary dwellings exist, there also is the highest and thus the most fallacious overcrowding index.

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## INSPECTION AND SUPERVISION OF FOOD.

### Milk Supply.

The details of work done by your Sanitary Inspectors in connection with milk production in your area are as follows :—

Number of Cowsheds in the area	...	99
Number of Inspections at Cowsheds	....	91
Number of Dairies	....	117
Number of Inspections of Dairies	....	150



No pasteurised or tuberculin tested milks are produced in the area, but the following persons and premises are licensed by the Glamorgan County Council to produce "Accredited Milk" :—

Mr. A. E. Edmunds, Ty Isaf Farm, Penyrheol  
 Messrs. J. & G. Phillips, Garth Farm, Abertridwr  
 Mr. J. P. Pardoe, Hendredenny Hall, Penyrheol  
 Mr. A. H. Pritchard, Energlyn Farm, Caerphilly

The method of production and storage of milk in your area is carried out satisfactorily as far as can be ascertained. Where complaints are made, there is a readiness on the part of the Producers and Vendors to fall in with the suggestions of your Inspectors with a view to producing a cleaner and more wholesome supply of milk. During the year 31 samples of milk were analysed and these include samples from hospitals and from supplies made under Council Contract. No tubercule bacilli were found. No prosecutions were undertaken during the year, but it has been necessary to warn milk vendors against bottling milk on unlicensed premises as this is one of most potent factors in the sale of dirty milk.

It will be seen from the number of visits paid to these premises that supervision of milk production remains quite inadequate. It is impossible for your Inspectors to visit all outlying farms on foot sufficiently often to be certain that all milk reaching the public is fit for human consumption. We have been fortunate in the past in that no serious epidemic has proved to have been milk borne, but this cannot be guaranteed for ever, and means of transport should be provided to enable your Inspectors to make visits at least every quarter, so that the Health Department may have frequent and reliable reports on the state of milk production, and the condition of personnel connected with milk production in your area.

## Milk (Special Designation) Order, 1936.

The number of persons licensed under the above Order in your area is as follows :—

Producers of Accredited Milk	....	4
Dealers of Tuberculin Tested Milk	....	6
Dealers of Pasteurised Milk....	....	11

## Meat and Other Foods.

There were 201 visits of inspections made during the year to the 43 butchers' shops situated in your area. Visits were also paid to the meat stalls in the open market at Caerphilly and Senghenydd. These latter were inspected every market day. The public abattoirs at Taffs Well and Abertridwr remain open but owing to the small amount of work done it has been recommended that the former abattoir shall be closed.

Private slaughterhouses still exist at :—

Nelson, in the occupation of Mr. John Jones

Pwllypant, in the occupation of Mr. Richard Thomas

Pontygwindy Road, in the occupation of Mr. John Jones

Energlyn Farm, in the occupation of Mr. Arthur Morris

Watford Fach Farm, in the occupation of Messrs. M.A. Emanuel

There are 32 licensed slaughtermen in your area, and I have received most satisfactory reports from your Sanitary Inspectors on the manner in which their work is carried out.

The following is a summary of the inspections made :—

Visits to Slaughterhouses	....	1139
Visits to Shops and Stalls	....	835
Visits to other Premises	....	22
Visits to Butchers Shops	....	201
Visits to Fishmongers	....	96
Visits to Grocers	....	114
Visits to Greengrocers	....	200
Visits to Cowsheds	....	91
Visits to Dairies and Milkshops	....	150
Visits to Icecream Premises	....	33
Visits to Restaurants	....	12
Visits to Hawkers Carts	....	60

The approximate weight of diseased or unsound meats and foods surrendered and destroyed :—

Beef	....	2175 lbs.
Mutton	....	386 lbs.
Pork	....	1240 lbs.
Offals	....	365 lbs.
Rabbits	....	6 Carcases
Danish Eggs	....	32 dozen
Pressed Veal	....	36 tins
Tin Milk	....	23 tins

## Carcases Inspected and Condemned.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ...	161	11	88	1422	786
Number inspected ....	165	11	85	1239	784
<i>All diseases except Tuberculosis—</i>					
Whole carcasses condemned	—	—	—	11	1
Carcases of which some part or organ was con- demned ....	38	3	—	131	13
Percentage of the number inspected affected with disease other than tuber- culosis ...	23.6%	27.3%	Nil	11.5%	1.7%
<i>Tuberculosis only—</i>					
Whole carcasses condemned	2	1	—	—	3
Carcases of which some part or organ was con- demned ....	24	4	—	—	23
Percentage of the number inspected affected with tuberculosis ....	16 2%	45%	Nil	—	3.3%

## Adulteration of Food.

During the year the following samples were taken in the Caerphilly Urban District Council area :—

Milk for Chemical Examination	....	42
Milk for Bacteriological Examination	....	12
Liquid Eggs	....	2
Sausage	....	6
Camphorated Oil	....	1
Glauber Salts	....	1
Boiled Sweets	....	2
Raspberry Jam	....	2
Blackcurrant Jam	....	2
Butter	....	2
Margarine	....	2
Lemonade	....	1
Lime Fruit	....	1
Condensed Milk	....	1
Sauce	....	1
Imported Butter	....	2
Whisky	....	2
Gin	....	2
Brandy	....	1
Rum	....	1

In one case a defendant was fined £2 and 10/6d\* analyst fee for selling milk with 7% added water. In another case an article was found to be infested with flour mite. All other samples were found upon analysis to be genuine.

## Nutrition.

Apart from periodical lectures by the Health Officers to the Mothers in the Infant Welfare Clinics, no other steps have been taken to increase the knowledge of the public on this subject.

## PREVENTION OF INFECTIOUS DISEASE.

### Notifiable Diseases (except Tuberculosis).

The following Table shows the number of cases of notifiable diseases, the number admitted to Hospital and the number of deaths.

Disease according to Notification.	Cases Notified.	Admitted to Isolation Hospital.	Number of Deaths.
Small Pox ....	Nil	Nil	Nil
Scarlet Fever ....	205	203	Nil
Diphtheria ....	68	68	1
Typhoid and Para Typhoid ...	Nil	Nil	Nil
Pneumonia (Acute Primary and Influenzal) ....	15	Nil	32 (all forms)
Cerebral Spinal Fever ....	1	1	1
Ophthalmia Neonatorum ....	2	Nil	Nil
Erysipelas ....	10	2	Nil
Dysentery ....	1 (Sonne)	1	Nil
Puerperal Fever ....	1	1	1
Puerperal Pyrexia ....	5	4	Nil

### Table of notified cases distributed in Age groups.

	Scarlet Fever	Diphtheria	Pneumonia	Cerebral Spinal Fever	Erysipelas
Under 1 year ...	Nil	Nil	Nil	Nil	Nil
1—2 ....	2	Nil	Nil	Nil	Nil
2—3 ....	15	5	Nil	Nil	Nil
3—4 ....	9	5	Nil	Nil	Nil
4—5 ....	19	3	Nil	Nil	Nil
5—10 ....	96	28	3	1	Nil
10—15 ....	48	17	1	Nil	Nil
15—20 ....	8	4	1	Nil	Nil
20—35 ....	6	6	3	Nil	3
35—45 ....	2	Nil	Nil	Nil	1
45—65 ....	Nil	Nil	5	Nil	2
Over 65 ...	Nil	Nil	2	Nil	4
	205	68	15	1	10



## Distribution as to Scarlet Fever and Diphtheria in Wards.

	Scarlet Fever		Diphtheria	
	Cases notified	Case Rate per 1,000 Population	Cases notified	Case Rate per 1,000 Population
Abertridwr ...	62	13.1	15	3.2
Senghenydd ...	22	4.6	19	3.9
Trecenydd ...	22	8.7	20	7.9
Caerphilly N. ....	28	6.0	5	1.1
Caerphilly S. ....	24	4.8	3	0.6
Taffs Well ...	27	9.0	2	0.7
Ystrad Mynach ....	16	3.3	4	0.8
Nelson ...	4	1.3	Nil	Nil

## Scarlet Fever and Diphtheria incidence in the past 12 years

	Scarlet Fever		Diphtheria	
	CASES	DEATHS	CASES	DEATHS
1926 ...	146	1	79	2
1927 ...	35	Nil	152	6
1928 ...	69	Nil	76	6
1929 ...	150	1	135	3
1930 ...	132	Nil	164	8
1931 ...	56	Nil	33	1
1932 ...	111	Nil	70	8
1933 ...	255	Nil	159	3
1934 ...	195	1	167	7
1935 ...	73	Nil	174	12
1936 ...	48	Nil	129	10
1937 ..	205	Nil	68	1

## Scarlet Fever.

The incidence of Scarlet Fever has shown a considerable increase during the year under review. This is an experience common to most parts of the country. However, our Isolation Hospital accommodation was not greatly taxed although at one period there was some overcrowding in the Scarlet Fever Ward. This was due to the working of an arrangement with the Pontypridd Urban District Council whereby you had arranged to treat cases for that authority when they had no further accommodation themselves. During the year from October to December 29 cases of Scarlet Fever were admitted and treated and payment amounting to £197 8s. 5d. was made on behalf of the Pontypridd Urban District Council for these services. The rate of payment was £2 per week per patient, and the arrangement is mutual.

The type of disease was extremely mild, and complications were rare. Anti Scarlet Serum was used in any case of high fever and markedly septic throats with excellent results.

An arrangement has been made with the Joint Small Pox Hospital Committee whereby the Mynydd Mayo Hospital may be opened by either the Pontypridd Urban District Council or the Caerphilly Urban District Council for the reception of convalescent cases of Scarlet Fever in times of epidemic. This was done by the Pontypridd Authority in the latter part of the year.

## Diphtheria

The notifications of Diphtheria are extremely low. Diphtheria Anti-toxin is not administered as a general rule by the General Practitioners, although supplies are available when required by them. As Diphtheria

swabs are also not taken by them, it follows that a number of those cases notified as Diphtheria turn out clinically and bacteriologically to be non-Diphtheritic. In fact the number of confirmed cases of Diphtheria during the year was 52.

Only one case died and this was haemorrhagic. All other cases were so mild as to appear to be of the "mitis" type.

The low incidence may in part be accounted for by the active immunisation against Diphtheria which was carried out during the year.

### **Active Immunisation against Diphtheria.**

During the year 422 children were artificially immunised against Diphtheria. The greater portion of the work was done in the Infant Welfare Clinics, but a few cases were done by the local practitioners and material was supplied by the Public Health Department. The greater portion of children immunised were under 5 years, and as will be seen from the table of age incidence of Diphtheria, the largest number of cases occurred between the ages of 5 and 15. The one injection method of alum precipitated toxoid was not found to be satisfactory and the method was changed to two injections of the prophylactic. It is hoped that the future will see a larger number of the school population being immunised.

### **Cerebro Spinal Fever.**

No request was made for anti-meningo-coccus serum was made to this department for the one case notified, and no information is available as the case was treated in Cardiff Royal Infirmary.

## **Pneumonia, Malaria, Dysentry.**

Notification of acute primary and influenzal pneumonia appears to be quite satisfactory.

The case of Dysentry was co-incident with Scarlet Fever and bacteriological examination proved it to be of a Sonne type. It is a matter for conjecture whether this type of Dysentry is not more prevalent but is not notified owing to the fact that faecal specimens are not examined when the symptoms are not epidemic.

## **Puerperal Pyrexia.**

The cases treated at the Isolation Hospital were of the mixed type of infection, there being only one case of generalized septicaemia. The use of anti-strepto-coccal serum has been to a great extent replaced by the use of sulphonamide preparations and results are extremely satisfactory.

## **Measles and Whooping Cough.**

There have been a few outbreaks of Measles and Whooping Cough during the year throughout the area. Up to date there has been no provision for the Hospital treatment for these cases, but it is hoped with the extension of Isolation Hospital facilities to treat those cases where home nursing conditions are bad, on the recommendation of the practitioner in attendance. No local action has been taken in regard to the use of measles serum for prophylaxis or attenuation.

## **Tuberculosis.**

It was not necessary to take any action relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade under the Public Health (Prevention of Tuberculosis) Regulations, 1925 ; nor

under Section 62 of the Public Health Act, 1925 ; nor Section 172 of the Public Health Act, 1936, relating to the compulsory removal to hospital of persons suffering from Tuberculosis.

The following Table shows the number of New Cases and Mortality from Tuberculosis during 1937:—

Age Periods		New Cases				Deaths			
		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
0—	...	0	0	1	0	0	0	0	0
1—	...	0	1	0	0	0	1	0	1
5—	...	0	0	4	4	1	0	0	0
15—	...	0	3	1	4	0	1	1	2
25—	...	0	5	3	1	4	4	0	0
35—	...	4	4	0	0	2	4	1	0
45—	...	1	1	0	1	0	3	0	0
55—	...	0	0	0	0	1	0	0	0
65—	...	3	1	0	0	1	0	0	0
		8	15	9	7	9	13	2	3

### Prevention of Blindness.

No action was taken for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes.



## Factories, Workshops and Workplaces.

### 1—Inspection of Factories, Workshops and Workplaces—

	Number of Inspections	Number of Written Notices	Number of Prosecutions
Factories (including Factory Laundries) ...	13	1	0
Workshops (including Work- shop Laundries) ...	402	7	0
Workplaces (other than Out- workers' Premises) ...	11	0	0
Total	426	8	0

### 2—Defects found in Factories, Workshops and Workplaces—

		NUMBER OF DEFECTS—					
		Found	Remedied	Referred to H.M. Inspector	Prose- cutions		
<i>Nuisances under the Public Health Acts—</i>							
Want of Cleanliness	...	2	2	0	...	0	
Want of Ventilation	...	1	1	0	...	0	
Overcrowding	...	0	0	0	...	0	
Want of Drainage of Floors	...	3	3	0	...	0	
Other Nuisances	...	1	1	0	...	0	
<i>Sanitary Accommodation—</i>							
Insufficient	}	0	0	0	...	0	0
Unsuitable or Defective							
Not Separate for Sexes							
<i>Offences under the Factory and Workshop Acts—</i>							
Illegal occupation of Under- ground Bakehouse	...	0	0	0	...	0	0
Other Offences	...	0	0	0	...	0	0
Total	...	7	7	0		0	0



# Outwork in Unwholesome Premises, Section 108

NATURE OF WORK	Instances	Notices served	Prosecutions
(1)	(2)	(3)	(4)
Wearing Apparel—			
Making, etc .....			
Cleaning and Washing .....			
Household Linen .....			
Lace, Lace curtains and nets .....			
Curtains and furniture hangings .....			
Furniture and upholstery .....			
Electro-plate ... ..			
File making .....			
Brass and brass articles .....			
Fur pulling ... ..			
Cables and Chains .....			
Anchors and grapnels .....			
Cart Gear .....			
Locks, latches and keys .....			
Umbrellas, etc .....			
Artificial flowers .....	<b>NII.</b>	<b>Nil.</b>	<b>NII.</b>
Nets, other than wire nets .....			
Tents ... ..			
Sacks ... ..			
Racquet and tennis balls .....			
Paper, etc., boxes, paper bags .....			
Brush making .....			
Pea picking ... ..			
Feather sorting .....			
Carding, etc. of buttons .....			
Stuffed Toys .....			
Basket making .....			
Chocolates and sweatmeats .....			
Cosaques, Christmas crackers, Christmas stockings, etc. ... ..			
Textile Weaving .....			
Lampshades .....			
<b>Total</b> ...			

## Visits to Factories and Workshops.

The Sanitary Inspectors report details of their visits to Factories and Workshops as follows :—

			<i>Number.</i>	<i>Inspections made.</i>
Bakeries	...	...	27	81
Hairdressers	...	...	26	29
Blacksmiths	...	...	6	6
Boot and Shoe Repairers	..		34	31
Botanic Breweries	...		2	3
Carpenters	...	...	16	16
Dressmakers and Milliners			17	17
Fried Fish Shops	...		30	67
Ice Factories	...	...	1	13
Monumental masons	...		5	5
Motor and Cycle Repairers			14	76
Rag Assorters	...	...	3	112
Tailors	...	...	1	11
Hide and Skin Mart	...		1	13
Ice Cream Factories	...	nil	...	nil

## Bye-Laws.

The Council have the following Bye-Laws with respect to :—

The Cleansing of Footways and Pavements	-- 7th November, 1894
Nuisances	-- 8th November, 1894
Common Lodging Houses	-- 8th November, 1894
Slaughter Houses	-- 8th November, 1894
Offensive Trades	-- 8th November, 1894
Nuisances in connection with the Removal of Offensive or Noxious Matters	-- 8th November, 1894
Tents, Vans, etc.	-- 16th July, 1907
Cemeteries	-- 27th January, 1930
New Streets and Buildings	-- 2nd April, 1930





